Welcome to CACFP Business Track Training

Application and Record Keeping

Arizona Department of Education

Housekeeping

- Parking

- Breaks

- Restrooms

- Food/Vending

- Cell Phones

Objectives

- To understand the responsibilities associated with participation

- To understand record keeping requirements

- To become familiar with USDA/CACFP regulations

Video

Non-Profit

- **Criteria**:
  - Non-residential
  - Tax-exempt status under IRS Code Section 501(c)(3)
  - Licensed by DHS **or** demonstrate compliance with applicable State or local child care standards to ADE
  - If 25% of your total enrollment does not qualify for free and reduced priced meals, then you must submit one of the following:
    - Area Eligible:
      - your center is located near a school where at least 25% of enrolled students are eligible for free and reduced priced meals
        - » http://www.ade.az.gov/health-safety/cnp/nslp/. Click on Free and Reduced Percentage Reports
    - If your center is not in an area eligible location, you must submit a grassroots outreach policy to ADE

Getting started...

Income Affidavits
and

Enrollment

Distribute & Collect Income Affidavits

- Distribute an income affidavit for every enrolled participant
  - Current fiscal year (October 1, 2008 – September 30, 2009)
  - Collect new affidavits each year beginning July 1st
    - Distribute no sooner than 30 days prior to July1st (June1st)
- All income affidavits must include the parent letter to inform parents about the program (two-sided)
  - Remember that it is *voluntary* for parents/guardians to provide income information

Eligibility - 2 types

- **Income Eligibility**
  - Complete sections 1, 3, 5 and categorize child(ren) according to total household income as Free, Reduced, or Paid

- **Categorical Eligibility**
  - Complete sections 2, 5 and child(ren) **automatically** categorized as Free
    - Food Stamps
    - Temporary Assistance for Needy Families (TANF)
    - Food Distribution Program on Indian Reservation (FDPIR)

Foster Children

- Adult household member completes sections 4 & 5 and child(ren) are **automatically** classified as free

- If family has foster children and natural children, <u>separate</u> income affidavits should be completed
  - Foster children should be considered a household of one

Head Start Children

- Head Start applications are used in place of income affidavits

  - Must have a list of all children enrolled in Head Start Program

    - Must be reviewed & signed by Head Start determining official

- All Head Start children are **automatically** categorized as Free

Income Affidavit Exceptions:

- Emergency Shelters
- At-Risk After School Snack Programs

Review for Completeness

- Child's name, age, and birth date
- Case numbers
  - 8 digits
- Household income
- Signer information
  - Signature & date
    - May not be dated more than 30 days prior to July 1st
  - Social Security Number (or the word "none")
- If any changes made to sections 1-5, signer must initial and date
- Parent letter must be included on back

Approve & Sign

- Sponsor must sign and date each income affidavit
  - Staff must approve within same month that the parent/guardian signed the affidavit

- During a review, if any information in the Staff Approval section is incomplete, the affidavit will be re-categorized as Paid
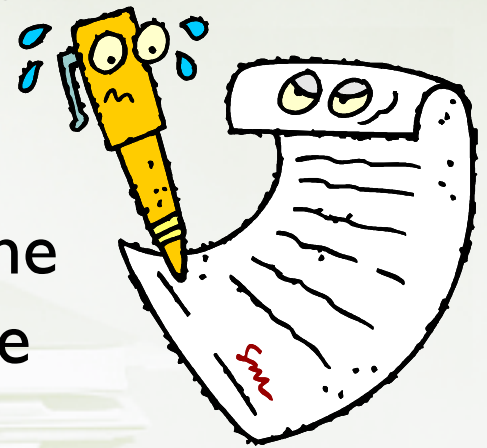
Categorize

- Participants categorized as **Free**, **Reduced**, or **Paid**

- Use USDA Child Nutrition Program Income Guidelines for current fiscal year

- Participants without an income affidavit on file or with incomplete income affidavits categorized as Paid

Storing Income Affidavits

- Income affidavits contain confidential information (ie. social security number) and therefore should be kept in a secured area, preferably locked up in a filing cabinet.

- Only supervisory personnel should have access to these documents

Income Application Verification

- During a review, ADE will collect a sample of income application to verify that the information entered is valid

  – This includes applications classified in the free and reduced categories

  – It is a recommendation that all Sponsors collect back-up documentation for all free and reduced priced participants

Enrollment Information

- Documentation of the enrollment of each participant must be updated, signed, and dated <u>annually</u> by a parent or legal guardian
  - Each card may be updated one time only
  - One idea is to distribute along with income affidavits during annual collection period

- During a review, CACFP Specialists will randomly select a percentage of blue cards to evaluate

Emergency Information and Immunization Record Card

Child's Name: _____   Date of Enrollment: _____ Updated: _____

Street Address: _____   Date of Disenrollment: _____

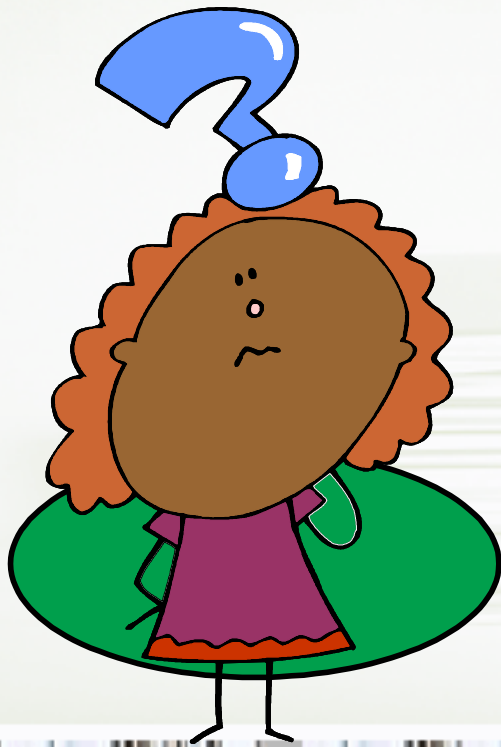City, State & Zip Code: _____   Date of Birth: _____ Sex: ☐ male ☐ female

Mother or Guardian:
Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Business Name: _____ Work Phone: _____

Business Address: _____

Signature: _____

Father or Guardian:
Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Business Name: _____ Work Phone: _____

Business Address: _____

Signature: _____

If Medical Care is Necessary, Call:

Claiming Percentage

Rosters

Claiming Percentage Rosters

- Used to track number of eligible participants in each category
  - Use separate roster for Free, Reduced, and Paid
  - Track on a <u>monthly</u> basis
- Attendance must be verified for each claim month using sign in/out sheets
  - A participant in attendance at **<u>any time</u>** during the claiming month must be listed on correct roster

Child And Adult Care Food Program
Claiming Percentage Roster
Fiscal Year   2009

Sponsor Name   __Smiling Child Care_____   CTD #_____
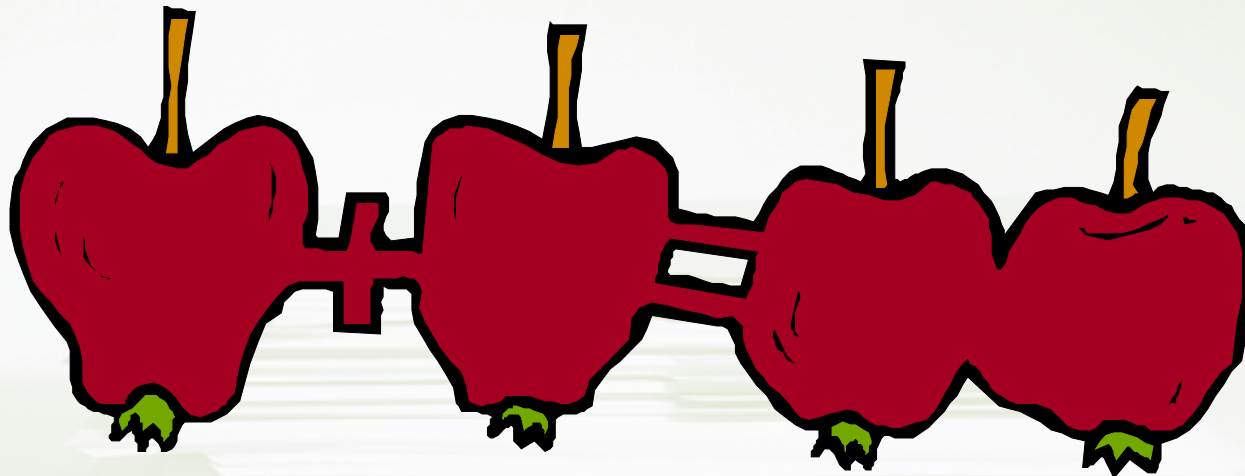
Site Name_____

List participants qualifying for   **Free**   meals:

Name

| Last First	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
AAA, Michael	X	X				X						
BBB, Barney	X	X	X	X	X	X						
BBB, George	X	X	X			X						
DDD, Harry	X	X	X	X	X	X						
EEE, Joe (Smith)	X	X	X			X						
FFF, Irma	X	X	X	X	X	X						
MMM, Holy	X	X	X									
NNN, Angelica	X	X	X		X							
NNN, Jorge		X	X	X								
NNN, Samantha			X		X	X						
QQQ, Amanda				X	X	X						

Activity 1

Claiming Percentage Rosters

Monthly
Record Keeping
Requirements

Title XX Documentation

- <u>For-profits</u> must serve at least 25% Title XX beneficiaries or 25% Free/Reduced during claim month

- Report this each month on the online Site Claim.
 - If 25% is not met, access to claiming meals will be denied
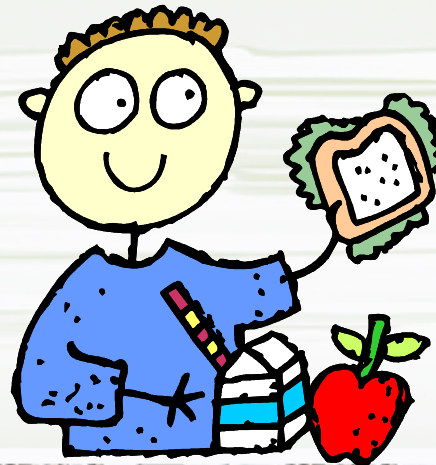
Sign-in/Sign-out Records

- Sign-in/Sign-out sheets
  - Parent must sign child(ren) in and out

- Automated Sign-in/Sign-out System
  - Parent uses computer at center to check child(ren) in and out
  - Printouts of attendance must be signed by parent
    - Printouts must be signed at least once per week
 - ADE approved computer generated agreement must be on file

Meal Counts

- Meal counts must be done at **<u>point of service</u>**
  - While children are eating
  - NOT determined by attendance
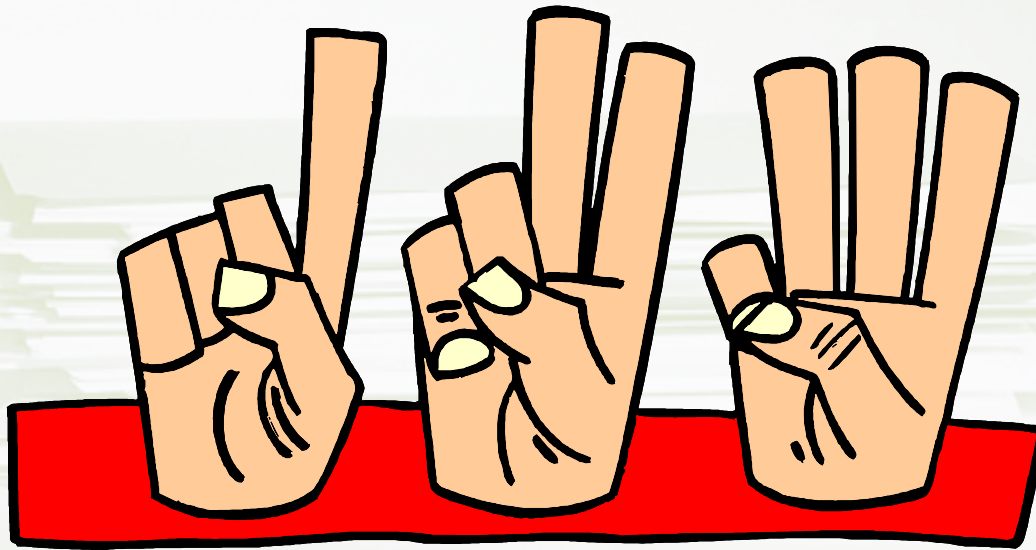
Meal Count Summary &
Point of Service Meal Count Sheet

- Point of Service Meal Count Sheet
  - Tracks children individually
  - Verifies no more than 2 meals and 1 snack or 2 snacks and 1meal are claimed per child

- Meal Count Summary
  - Summarizes totals from Point of Service Meal Count Sheet
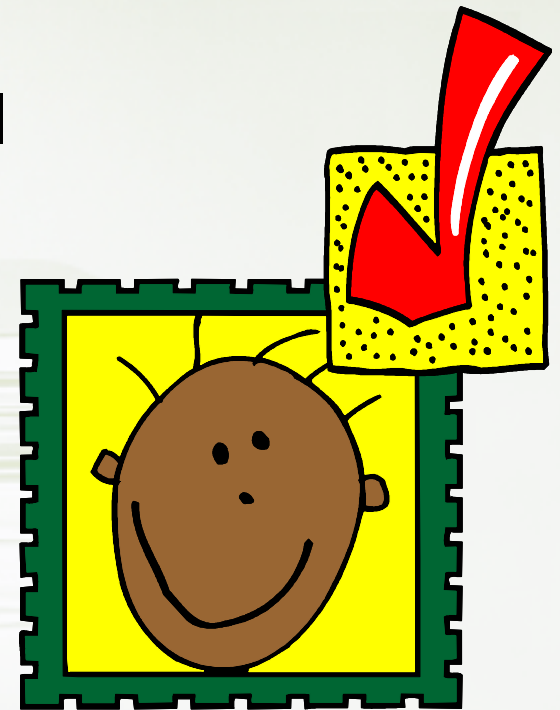
Point of Service Meal Count Sheet

NAME	MONDAY						TUESDAY						WEDNESDAY						THURSDAY			
	BREAKFAST	AM SNACK	LUNCH	PM SNACK	DINNER	NITE SNACK	BREAKFAST	AM SNACK	LUNCH	PM SNACK	DINNER	NITE SNACK	BREAKFAST	AM SNACK	LUNCH	PM SNACK	DINNER	NITE SNACK	BREAKFAST	AM SNACK	LUNCH	PM SNACK
A,Jake	x	x	x				x	x	x				x	x					x	x		
B,Maddie			x	x					x	x					x	x					x	x
C,Carrie	x	x	x	/			x	x	x	/			x	x	x	/			x	x	x	/
D,Michael		x	x	x				x	x	x				x	x	x				x	x	x
E,Tyson	x	x	x	/			x	x	x	/			x	x	x	/			x	x	x	/
Totals	3	4	5	2			3	4	5	2			3	4	4	2			3	4	4	2

Meal Count Summary

No. of Meals Served to Enrolled Children   No. of Meals Served to Staff

Date	Breakfast	A.M. Snack	Lunch	P.M. Snack	At-Risk Snack	Supper	Nite Snack	Breakfast	A.M. Snack	Lunch	P.M. Snack	At-Risk Snack	Supper
3/1	3	4	5	2									
3/2	3	4	5	2									
3/3	3	4	4	2									
3/4	3	4	4	2									
Subtotal													
Infant Total													
Total													

Reporting Costs

- Costs are <u>not</u> reimbursable
  - Verify non-profit food service
  - Verify financial viability

- <u>Monthly</u> documentation
  - Not required for Emergency Shelters or At-Risk After School Snack Programs

Itemized Costs	Administrative – Overseeing Compliance (planning, organizing and managing CACFP)	Operational – Direct Meal Service (preparation and service of meals to participants)
Labor	Owner, Director, Monitor	Teachers, Cook
Benefits	Owner, Director, Monitor	Teachers, Cook
Food	N/A	Net food used/delivered
Supplies and Equipment	CACFP office supplies; paper, pens, etc.	Bleach, paper plates/cups, cooking pans, etc.
Rent/Mortgage	Office area	Kitchen, service areas
Contracted Services	Storage facility, computer maintenance	Pest control, refrigerator repair
Communications and Utilities	Phone, internet	Electricity, water
Other Costs	Computer, copy machine	Stove, refrigerator, grocery shopping

Food Service Costs

- Use Food Service Cost Report
  - Complete monthly
  - File with receipts/invoices
    - Include only items that are directly related to CACFP
    - Photocopy receipts that might fade from sun or heat
    - Food costs and items purchased should be reflective to items listed on menus

- **At least 50%** of CACFP reimbursement <u>MUST</u> be used for quality food purchases
  - Not including fuel surcharges, supplies, tax, etc…

Food Service Cost Report

Itemized Costs	Administrative – Overseeing Compliance (planning, organizing and managing CACFP)	Operational – Direct Meal Service (preparation and service of meals to participants)
Food	N/A	Net food used/delivered
Supplies and Equipment	CACFP office supplies; paper, pens, etc.	Bleach, paper plates/cups, cooking pans, etc.

Date	Supplier	Total Invoice	Food/ Milk	CACFP Administrative Supplies	CACFP Operational Supplies	Non CACFP Supplies	Tax
01/08/08	Safeway	215.92	162.40	0	13.65 (cups/ utensils)	22.60	17.27
01/13/08	Sysco	96.47	96.47	0	0	0	0
01/22/08	Fry's	28.63	24.34	2.00 (copy paper)	0	0	2.29
		TOTAL	$ 283.21	$ 2.00	$ 13.65		

Activity II

Food Service Costs

Time Distribution Reports

- According to FNS 796-2 rev.3, every person who performs CACFP related duties **<u>MUST</u>** complete a time distribution report

  - **<u>Employee</u>** should complete on a daily basis
  - Director/Owner signs off monthly

- Purpose is to ensure that CACFP hours are properly accounted for on a monthly basis

- If position is spending 100% of time on CACFP (ie. cooks), the certification statement may be signed in lieu of completing daily

Time Distribution Report

Employee Name	**Debbie Martinez**	Position	**Teacher**	Month/Year	**Jan. 2008**

Day	Work Hours		CACFP **Administrative** Tasks	Food Service **Operational** Tasks	Totals
	Start	End	**A.** e.g., Managing, planning, organizing, training, monitoring	**B.** e.g., meal prep, serving, clean-up, supervising, meal counts	**C.** Total Hours Worked for the day
1	7:00 am	4:00 pm		3	9
2	7:00 am	4:30 pm		3.5	9.5

Total Administrative Hours Worked **0**   Total Operational Hours Worked **6.5**   Total Monthly Hours Worked **18.5**

Monthly Expense Worksheet – Labor Costs

Labor Expenses   **ADMINISTRATIVE** SALARIES/BENEFITS   Benefits†

A	B	C	D	E	F
Position, Employee Name	Total **Administrative** Hours per month (From Time Distribution Report)*	Salary per Hour	Gross Pay (B X C)	Percent of Time spent on CACFP Tasks this month Total B÷ Monthly Hours	CACFP Portion of Benefits E X Benefits Paid to Employee

Total: **Salaries** _____   **Benefits** _____

Labor Expenses   **OPERATIONAL** SALARIES/BENEFITS   Benefits†

A	B	C	D	E	F
Position, Employee name	Total **Operational** Hours per month (From Time Distribution Report)*	Salary Per Hour	Gross Pay (B X C)	Percent of Time spent on CACFP Tasks this month Total B÷ Monthly Hours	CACFP Portion of Benefits E X Benefits Paid to Employee
Teacher-Debbie Martinez	6.5	$9.50	$61.75	6.5÷18.5 = 0.35 or 35%	0.35 x $100 = $35

Total: **Salaries** $61.75   **Benefits** $35.00

†Benefits include: Paid Vacation, Military Leave, Sick Leave, Health & Retirements Benefits, Disability, and Life Insurance

Facility Expenses

- Facility Expenses are based on square foot percentage attributed to CACFP
  - Administrative:
    - Measure office space only
  - Operational:
    - Measure kitchen, food storage, and food service area
      - If multi-purpose room, measure only square footage of table tops

- File all supportive documents
  - Billing statements, receipts
    - Communications/Utilities, Rent/Mortgage, Contracted Services

Monthly Expense Worksheet – Facility Expenses

Itemized Costs	Administrative – Overseeing Compliance (planning, organizing and managing CACFP)
Rent/Mortgage	Office area
Contracted Services	Storage facility, computer maintenance
Communications and Utilities	Phone, internet
Other Costs	Computer, copy machine

Administrative Facility Expenses

Square Footage of CACFP Office Space ÷ Total Square Footage of Facility = Percent attributed

200 sq.ft ÷ 2,400 sq.ft = 0.083 (8.3%)

(Office Space, Leased Storage Space)   **(Entire facility)**   **(column c)**

A	B	C	D
Service	Billed Amount	Percent Attributed to CACFP	Total (B x C)
Rent or Mortgage	$500	0.083 (8.3%)	$41.50
Contracted Services			
Communication and Utilities	$150 (phone/internet)	0.083 (8.3%)	$12.45
Other Costs			

Monthly Expense Worksheet – Facility Expenses

Itemized Costs	Operational – Direct Meal Service (preparation and service of meals to participants)
Rent/Mortgage	Kitchen, service areas
Contracted Services	Pest control, refrigerator repair
Communications and Utilities	Electricity, water
Other Costs	Stove, refrigerator, grocery shopping

Operational Facility Expenses

Square Footage of CACFP Office Space ÷ Total Square Footage of Facility = Percent attributed
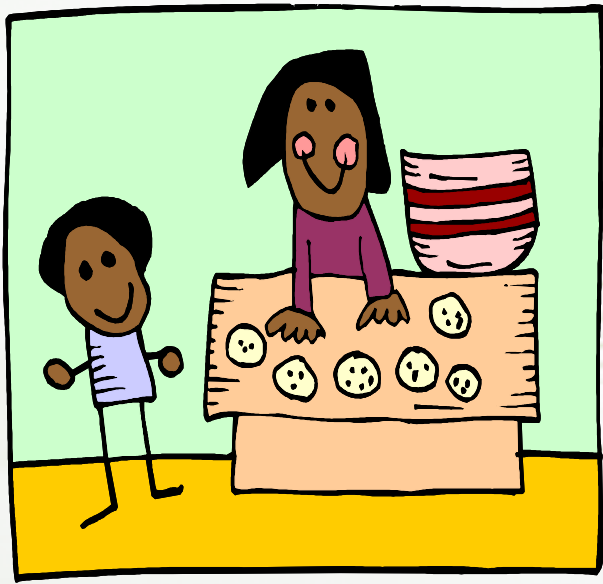
600 sq.ft	÷	2,400 sq.ft	=	0.25 (25%)
(Kitchen, Food Storage, Eating Area)		(Entire facility)		(column c)

A	B	C	D
Service	Billed Amount	Percent Attributed to CACFP	Total (B x C)
Rent or Mortgage	$500	0.25 (25%)	$125
Contracted Services	$90 (pest control)	0.25 (25%)	$22.50
Communication and Utilities	$225 (electric/water)	0.25 (25%)	$56.25
Other Costs			

Activity III

Facility Expenses

Meal Service Requirements

Claimable Meals/Snacks

Per participant, per day:

- 2 meals & 1 snack

  OR

- 2 snacks & 1 meal

  OR

- 3 snacks

*Exception:

- Emergency Shelters
  - 3 meals per participant, per day

At-Risk After School Snacks

- Limited to 1 snack per child per day

- All snacks reimbursed at Free rate

- Claimed <u>only during school session</u>
  - Includes intercessions, weekends, & holidays
    - Cannot claim during summer breaks

- If <u>exclusively</u> At-Risk After School Snacks...
  - Meal counts taken by attendance rather than point of service
    - Determination based solely on area eligibility (F/R 50% or more) and educational/enrichment activities

Claimable Duration of Food Service

Meal Type	Customary Meal Times	Claimable Duration of Food Service
Breakfast	6am - 9am	1 ½ hours
AM Snack	Between Breakfast & Lunch	1 hour
Lunch	11am - 1pm	2 hours
PM Snack	Between Lunch & Supper	1 hour
Supper	5pm - 7pm	2 hours
Night Snack	After 7pm	1 hour

Meal Times

Must be a <u>two hour</u> minimum between the beginning of each meal.

Examples:

Meal Type	Meal Times Example I	Meal Times Example II	Meal Times Example III
Breakfast	7-8:30am	8-9am	6-7:30am
AM Snack	9-10am	10-10:30am	9-9:30am
Lunch	11am-1pm	12-1pm	11am-12pm
PM Snack	2-3pm	2-2:30pm	1:30-2:30pm
Supper	5-7pm	5-6:30pm	5-6pm

Display/Distribute
Information

WIC & CHIP Information

- WIC is a supplemental nutrition program for women, infants, & children
  - All centers are **required** to distribute or post

- Children's Health Insurance Program
  - KidsCare is Arizona's health insurance for children under age 19
 - Optional

File Maintenance

Maintain Onsite

- The following should be maintained **onsite** for the current fiscal year:

  – Income Affidavits for all attending participants

  – Claiming Percentage Rosters for Free, Reduced, & Paid participants

  – All monthly records

- All files **must** be made available at the time of review

Policies & Procedures

- CACFP duties must be included in all job descriptions

- Record Maintenance
  - Current year must be kept onsite
  - Previous 5 years may be archived, but must be made immediately available upon request
  - Must have a written policy
    - Should include where specific records are stored, how long they are stored for, and who has access to them
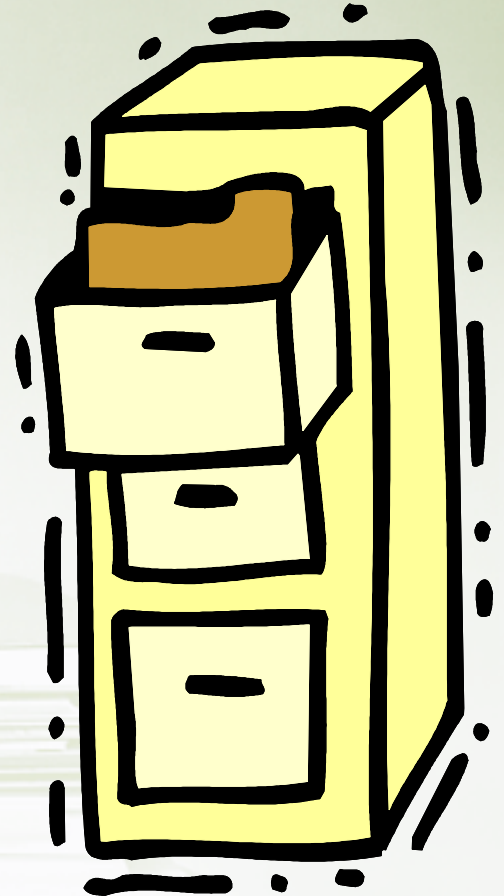
CIVIL RIGHTS

Civil Rights

- All organizations must provide Civil Rights training to all staff **<u>annually</u>**
  - All Sponsoring Organizations must keep documentation to show Civil Rights Training is completed annually
    - Must have copies of staff sign in sheets, agenda, and materials on file for review
    - ADE has provided three activities and the corresponding answer sheets for your use

Civil Rights Cont'd

- **Training Requirements**
  - Effective Notification System
    - Program Availability
    - Complaint Information
    - Non-discrimination Statement
      - » must be on all publications given to public, including menus
  - Civil Rights Poster
  - Complaint and Compliance
    - Complaint Procedures
    - Federal, State & Local Compliance

Approved Non-Discrimination Statements

- This institution is an equal opportunity provider

  OR

- In Accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Persons with disabilities who require alternate means for communication of program information (Braille, large print, audiotape, ect.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

  To file a complaint on discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, D.C., 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer

Civil Rights Cont'd

- Limited English Proficiency (LEP)
  - Proportion

  - Frequency

  - Importance

  - Resources

 For more information on LEP go to: www.lep.gov

Civil Rights Cont'd

- Religious Organizations
  - Equal Opportunity
  - Independence
  - Facilities
  - Discrimination
- Since the program is funded using taxpayer monies, prayer cannot be done over a CACFP meal

  For further information go to: www.fbci.gov

Civil Rights Information Available At:

- Our website: http://www.ade.az.gov/health-safety/cnp/CivilRights/Default.asp
  - Nicholas Dunford - Civil Rights Liason
    - 602-542-8724
    - Nicholas.Dunford@azed.gov
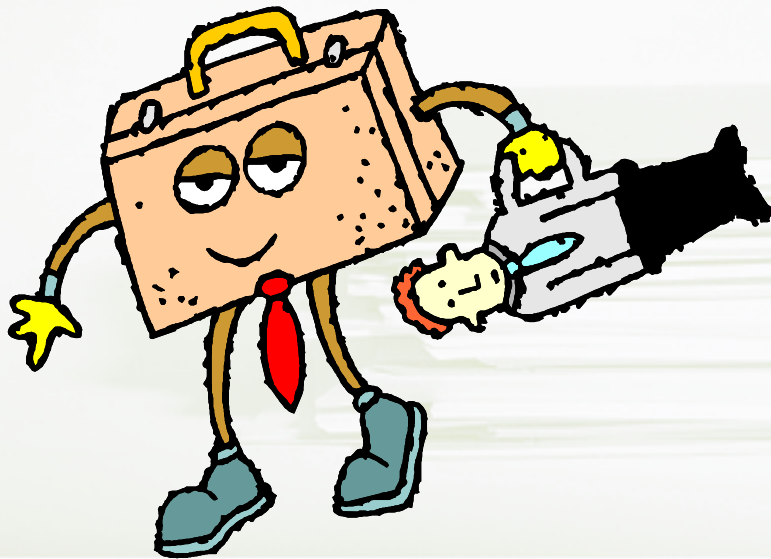
The Application Process

Application Time Frame

- No more than 3 months may elapse between the time you take the three required trainings and the time you submit the application
  - If it has been more than three months, you must retake the training classes
  - You may not submit a new application prior to a center opening

CNP Web

- http://www.ade.az.gov
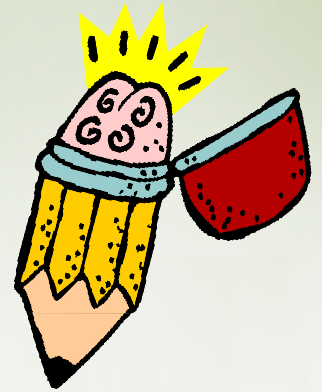
- Access to Sponsor & Site applications

- Access to Sponsor & Site claims

- Access to program memos
  - It is important to review these periodically to ensure program compliance

Common Logon

- User ID and Password
  - Acts as a signature and certification that information submitted is valid
  - Issued only to approved authorized signers
  - Must NOT be shared
  - If change in employee, contact ADE to delete/add

- To obtain, call (602) 542-8810

Notify ADE for the following:

- Adding or deleting site(s)
- Change in authorized signers
- New ownership
  - CACFP is not part of a sale. New owners must reapply.
- License/approval status
- Tax-exempt status

Annual Projected CACFP Expenses

- Sponsor budgets must be updated annually
  - In Application and Management Plan
    - Balance Sheet required
      - Shows nonprofit food service account
  - Similar to monthly records, but projects annual numbers

- Sponsor must be familiar with FNS instruction 796-2 Rev. 3 which defines allowable & unallowable costs
  - http://www.fns.usda.gov/cnd/Care/Default.htm
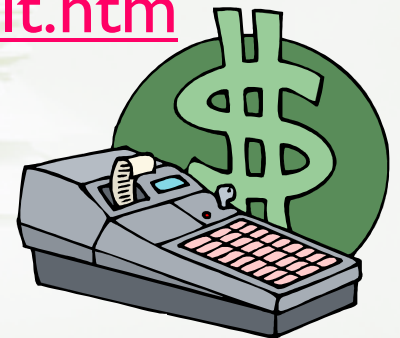
Projected Annual Income

- ## Non-CACFP Income
  - Tuition, grants, Federal Assistance, DES Reimbursement

- ## CACFP Income
  - CACFP Reimbursement

- ## Value of Cash/Non-Cash Donations

- ## Value of Excess Meals Served to Personnel
  - Personnel meals are not reimbursable
  - If personnel (parents, volunteers) participate in the meal service, those meals must be recorded on a monthly basis

Value of Excess Personnel Meals

- Assign a monetary value to excess meals <u>over the 1:5 ratio</u>

- Multiply assigned value by excess number of meals and report total

- Sponsors may assign a fair value that represents cost of meal or may use the USDA Reimbursement rate for Free Meals

- <u>To determine the ratio:</u>
  - Divide total number of each meal type served to participants by 5

    Example:

    Lunch served 1000 participants

    $1000 \div 5 = 200$

    You may serve 200 adult meals without reporting a value

Free and Reduced Price Policy Statement

- Every applicant is required to submit a free and reduced price policy statement

- Along with this statement, the applicant is required to submit a copy of the press release to a local media source that notifies the public that your center operates under the Child and Adult Care Food Program. A copy of the confirmation of the media source receiving the release must be submitted along with the application

Direct Deposit

- If you would like to request to have your CACFP reimbursements electronically deposited into your bank account, you must complete the ACH Vendor Authorization Form

  – Send to address listed on form <u>AFTER</u> your application is approved

Pre-approval Visit

- Once your assigned specialist determines that your application is complete, he/she will contact you to schedule a Pre-approval Visit
    - Purpose is to determine if the applicant is capable of operating the Child & Adult Care Food Program

- Your application is then turned over to our supervisor for final approval
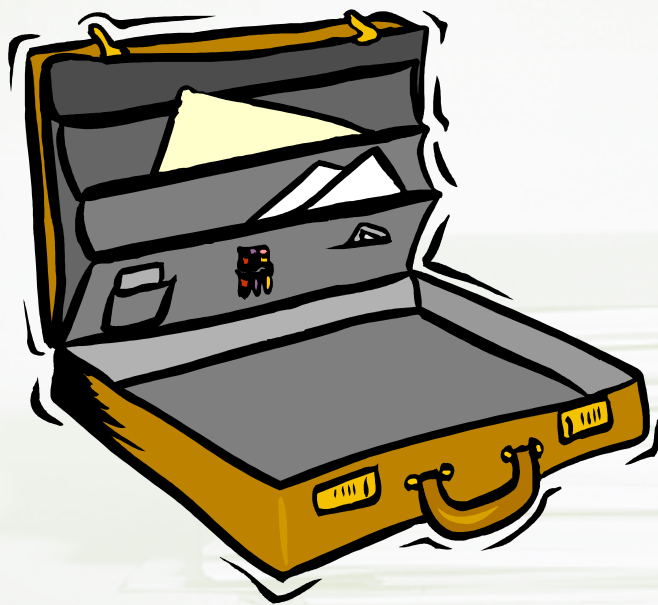
ADE
Review
Procedures

Audits

- Performed by contracted accountants

- Non-profit centers
  - $500,000 threshold of Federal funds

- Proprietary centers
  - State establishes threshold
    - Currently under review to be established at $750,000

Welcome Visits

- Within first 90 days of participation

- Reviews program & provides technical assistance if needed

Program Reviews

- Conducted by CACFP Specialist

- No less than every **three** years

- Announced or unannounced

Concluding a Review

- **Your CACFP Specialist will discuss with you:**
  – Summary of findings
  – Best practices
  – Areas of non-compliance
  – Necessary corrective action
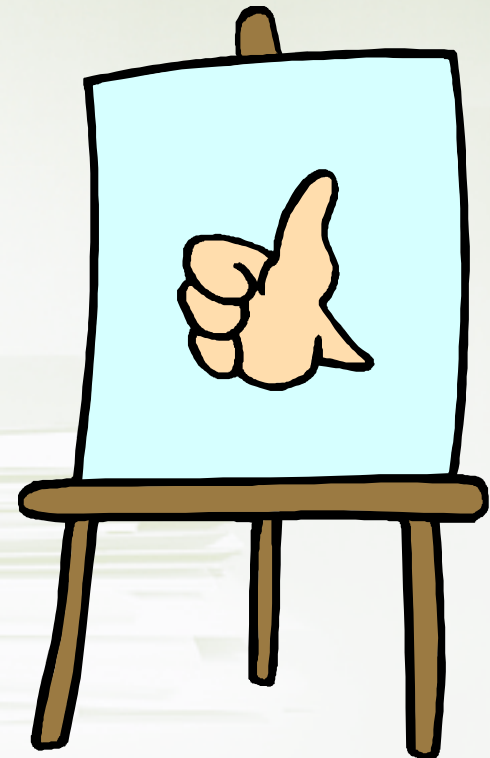
Corrective Action

- Corrective Action Letter is mailed to Sponsor

- Corrective Action must be permanently maintained

- Recurrence of same problem will result in a serious deficiency determination
  - Only <u>one</u> chance to correct a serious deficiency
  - ADE to propose termination if serious deficiency recurs
  - Refer to Red Flags for descriptions

- Administrative Review Procedures
  - Corrective Action cannot be appealed
  - Sponsor can appeal action negatively affecting payment and/or participation

Suspension

"The <u>temporary</u> ineligibility of an institution to participate in the program, including program payments"
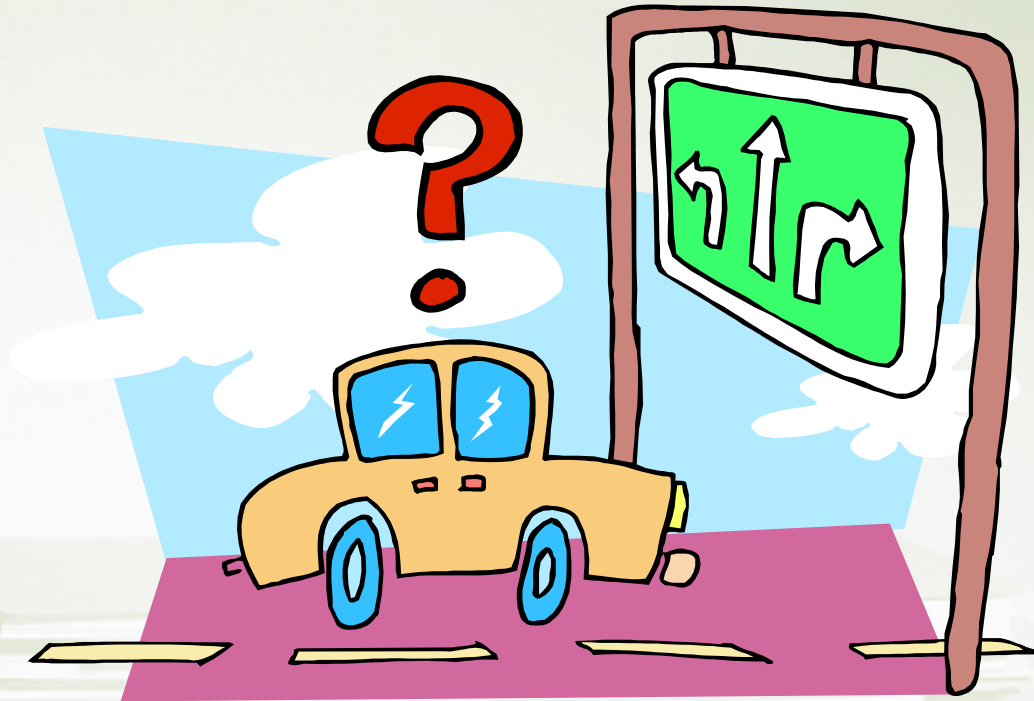
Why suspend?

– Identified imminent danger

– Submission of false or fraudulent claim

National Disqualified List

- Removal from CACFP: Who is placed on the National Disqualified List?
  - Institutions
  - Responsible Individuals
  - Responsible Principals

- How long can someone remain on the National Disqualified List?
  - 7 years or longer

Questions?

Program Specialists

Phoenix (602)

- Kenny Barnes   364-1070
- Michael Flores   542-8716
- Jen Manley   364-0161
- Dustin Melton   364-0141
- Tracey Nissen   542-1550
- Mandy Quintanar   542-1970
- Joe Steech   364-0455

Tucson (520)

- Cori Hensley   628-6775
- Ernie Montana 628-6776
- Elsa Ramirez   628-6774

Sponsors with
Multiple Sites &
Owners of Multiple
Single Sites

Training Requirements

- Training required for staff prior to participation
    - Annually thereafter
- ADE will ensure that content and frequency is in compliance
    - Training records – sign in sheet
   - Retention of handouts, agendas, and/or materials

Minimum Training Requirements

Minimum Content Areas	Examples of training topics
Meal Pattern Requirements	•Child & infant meal patterns •Portion sizes •Reimbursable meal components •Creditable and non-creditable foods
Meal Count Documentation	•Meal counts separate from attendance •Pont of service meal counts
Record Keeping	•Monthly record keeping forms •Meal counts, menus and food production records •Medical Statements •Infant Records
Claims Submission	•Claims process •Compare menus to meal pattern
Reimbursement System	•Monthly claim submission dates •Monthly claim edit checks •Claim preparation •CACFP record retention
Civil Rights	-Program Availability -Complaint Procedures -Non-Discrimination Statement

Monitoring Requirements

- Sponsors or owners of multiple sites and owners with multiple single sites are required to monitor each center/site three times/year
  - At least 2 must be <u>unannounced</u>
    - At least one unannounced review must include a meal observation
  - 5-day reconciliation must be conducted at each visit
  - No more than 6 months between reviews
  - If serious deficiency found, next visit must be unannounced

Who can monitor?
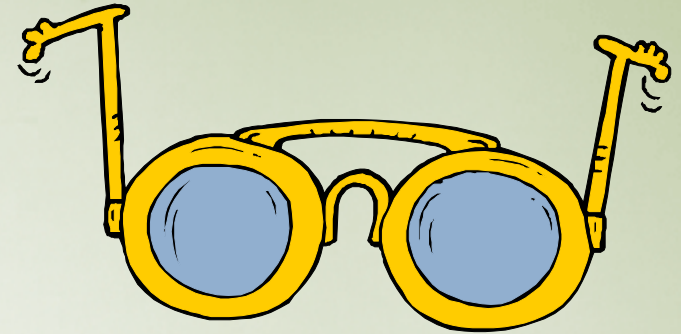
- A monitor should be someone who is NOT involved in the day-to-day operations
  - A member of the Board or advisory group
  - Other staff not involved in the food service operation

- Sponsors must provide site with written notice of the right for the sponsor, ADE or USDA to make unannounced or announced reviews
  - Anyone doing the review is required to have photo ID

5-DAY RECONCILIATION

5-Day Reconciliation

- 7 CFR 226.16(d)(4)(ii) states that reviews must examine meal counts recorded for 5 consecutive days during the current and/or prior claiming period
- Sponsors and ADE will conduct 5-day reconciliations
  - Must be done at every monitoring visit
  - May use a 10% sample to reduce workload

5-Day Reconciliation

- Review the most recent 5 consecutive days of meal counts for each approved meal type to ensure that meal counts do not exceed the number of participants in attendance on any day

- If there are no enrollment or attendance records (such as in emergency shelters), a more general review of the facility's meal counting and claiming procedures would be conducted without a 5-day reconciliation

- Remember that meal counts should never exceed licensed capacity or attendance [7 CFR 226.17(b)(4) and 226.18(e)].

Step 1: Enter dates to be reconciled and meal service times.

Total Number of participants **claimed** (*based on meal counts*):						
	Meal	1 Day Before Date: **6/15**	2 Days Before Date: **6/14**	3 Days Before Date: **6/13**	4 Days Before Date: **6/12**	5 Days Before Date: **6/11**
Total Number of participants in **attendance** (*based on sign in/out sheets*):						
Meal Service Times	Meal	1 Day Before Date: **6/15**	2 Days Before Date: **6/14**	3 Days Before Date: **6/13**	4 Days Before Date: **6/12**	5 Days Before Date: **6/11**
6:00-7:30 am						
9:00-9:30 am						
11:00am-12:30pm						
3:00-3:30 pm						
5:00-7:00pm						

Step 2: Enter number of meals claimed for each of the 5 days listed

Total Number of participants **claimed** (*based on meal counts*):						
	Meal	1 Day Before Date: **6/15**	2 Days Before Date: **6/14**	3 Days Before Date: **6/13**	4 Days Before Date: **6/12**	5 Days Before Date: **6/11**
	Breakfast	25	24	26	20	19
	AM Snack	28	24	26	18	17
	Lunch	24	24	25	18	19
	PM Snack					
	Dinner					
	Eve Snack					

Step 3: Enter the number of children in attendance during the listed meal times. This must be based on the sign in/out sheets.

Total Number of participants in **attendance** (*based on sign in/out sheets*):						
Meal Service Times	Meal	1 Day Before Date: **6/15**	2 Days Before Date: **6/14**	3 Days Before Date: **6/13**	4 Days Before Date: **6/12**	5 Days Before Date: **6/11**
6:00-7:30 am	Breakfast	25	24	26	20	19
9:00-9:30 am	AM Snack	30	24	26	18	18
11:00am-12:30pm	Lunch	25	23	25	18	18
3:00-3:30 pm	PM Snack					
5:00-7:00pm	Dinner					
	Eve Snack					

Step 4: Compare the two tables and indicate if there are any discrepancies resulting in an over-claim.

Total Number of participants **claimed** (*based on meal counts*):						
	Meal	1 Day Before Date: **6/15**	2 Days Before Date: **6/14**	3 Days Before Date: **6/13**	4 Days Before Date: **6/12**	5 Days Before Date: **6/11**
	Breakfast	25	24	26	20	19
	AM Snack	28	24	26	18	17
	Lunch	24	(24)	25	18	(19)

Total Number of participants in **attendance** (*based on sign in/out sheets*):						
Meal Service Times	Meal	1 Day Before Date: **6/15**	2 Days Before Date: **6/14**	3 Days Before Date: **6/13**	4 Days Before Date: **6/12**	5 Days Before Date: **6/11**
6:00-7:30 am	Breakfast	25	24	26	20	19
9:00-9:30 am	AM Snack	30	24	26	18	18
11:00am-12:30pm	Lunch	25	(23)	25	18	(18)

Compare the tables above. Are there any discrepancies between the numbers claimed and the numbers in attendance? Yes   No If yes, determine whether an over or under claim occurred and provide details. In addition, list corrective action assigned to resolve issue: _____

5-DAY RECONCILIATION ACTIVITY

Parental Contacts

- (Optional) system developed by ADE to enhance integrity
  - Used by ADE staff and Sponsors with more than one site
  - Used to support valid practices or document deficiencies and fraud
    - A single instance of an unsuccessful parental contact should not automatically result in a seriously deficient determination

Methods for Contacting Parents

- ## In writing
  - Mailed surveys should contain self-addressed, stamped envelope

- ## By telephone
  - Complete Parent Survey Telephone Conversation Record Form
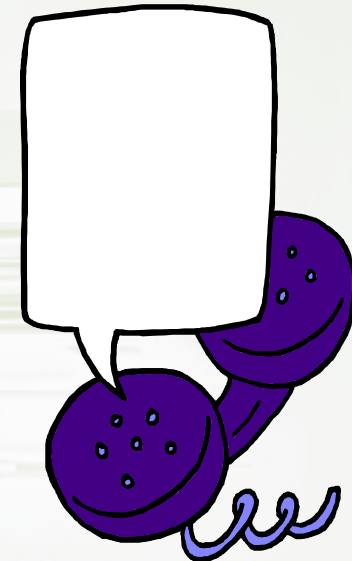
Written Parental Contact Policy

- Should include, but not limited to:
  - Shall compile a list of parental contacts;
  - How will parental contacts be conducted; and
  - What necessary action will be required based on the results from the surveys

Block Claiming

- "A block claim is a claim... submitted by a facility on which the number of meals claimed for one or more meal type…is identical for <u>15 consecutive days</u> within a claiming period"

- Closed business days are not included in "consecutive days"

60-Day Review

- Sponsor must conduct unannounced review within 60 days of receiving a block claim
  - Before the review, examine several months of claims and look for suspicious patterns

  - During the review, reconcile enrollment, attendance, and meal counts for five or more days

  - Evaluate the severity and frequency of the problem

Legitimate Block Claims

- Block claims can be the result of legitimate factors
  - If legitimate, document

- If not legitimate, evaluate
  - Block claiming identified <u>requires follow-up action</u>
    - Why was the inaccurate claim submitted?
      - Sponsor may need to offer additional training

Follow Up

- Sponsor is not required to continue with more unannounced follow-up reviews for additional block claims detected during that year for that site

- Interim rule 226.16(d)(4)(iv) prohibits a facility from receiving less than three reviews per year if the facility has submitted a block claim during the review year

Written Block Claim Policy

- Should include, but not limited to:
  - Examine several months of claims to see if there are any suspicious patterns in meal counts;
  - Reconcile enrollment, attendance, and meal counts for five or more days during every monitoring visit;
  - Conduct an unannounced review within 60 days of receipt of a meal count/claim from a facility that includes a block claim, to which the cause has not been determined prior to its submission;
  - Validate and document the reasons for the block claim; and
  - What necessary actions will be taken based on the results of the Block Claim review

Questions?